



Virginia Department of
Behavioral Health &
Developmental Services

Promoting Trauma-Informed Care at DBHDS

2019 Behavioral Health Symposium
June 6, 2019

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Commissioner
Department of Behavioral Health and
Developmental Services

System Transformation, Excellence and Performance (STEP-VA) Behavioral Health Services

STEP-VA Service	Implementation Requirement	Status
Same Day Access	July 1, 2019	100% Implementation: March 2019
Primary Care Screening	July 1, 2019	Launch: July 1, 2019
Crisis Services	July 1, 2021	Detox Services RFP issued to CSBs
		Crisis Services Launch: July 1, 2019
Outpatient Services	July 1, 2021	Launch: July 1, 2019
Psychiatric Rehabilitation	July 1, 2021	Planning Begins 4thQ FY19
Peer/Family Support Services	July 1, 2021	Planning Begins 4thQ FY19
Veterans Behavioral Health	July 1, 2021	Planning Begins 4thQ FY19
Care Coordination	July 1, 2021	Planning Begins 4thQ FY19
Targeted Case Management (Adults and Children)	July 1, 2021	Planning Begins 4thQ FY19

Behavioral Health Redesign – Alignment

The comprehensive continuum supports sustainability of STEP-VA services, including the crisis services workgroup.

Transitions from a crisis-driven system to focus on prevention and early intervention, particularly through Trauma-Informed Care and Adverse Childhood Experiences (ACES).

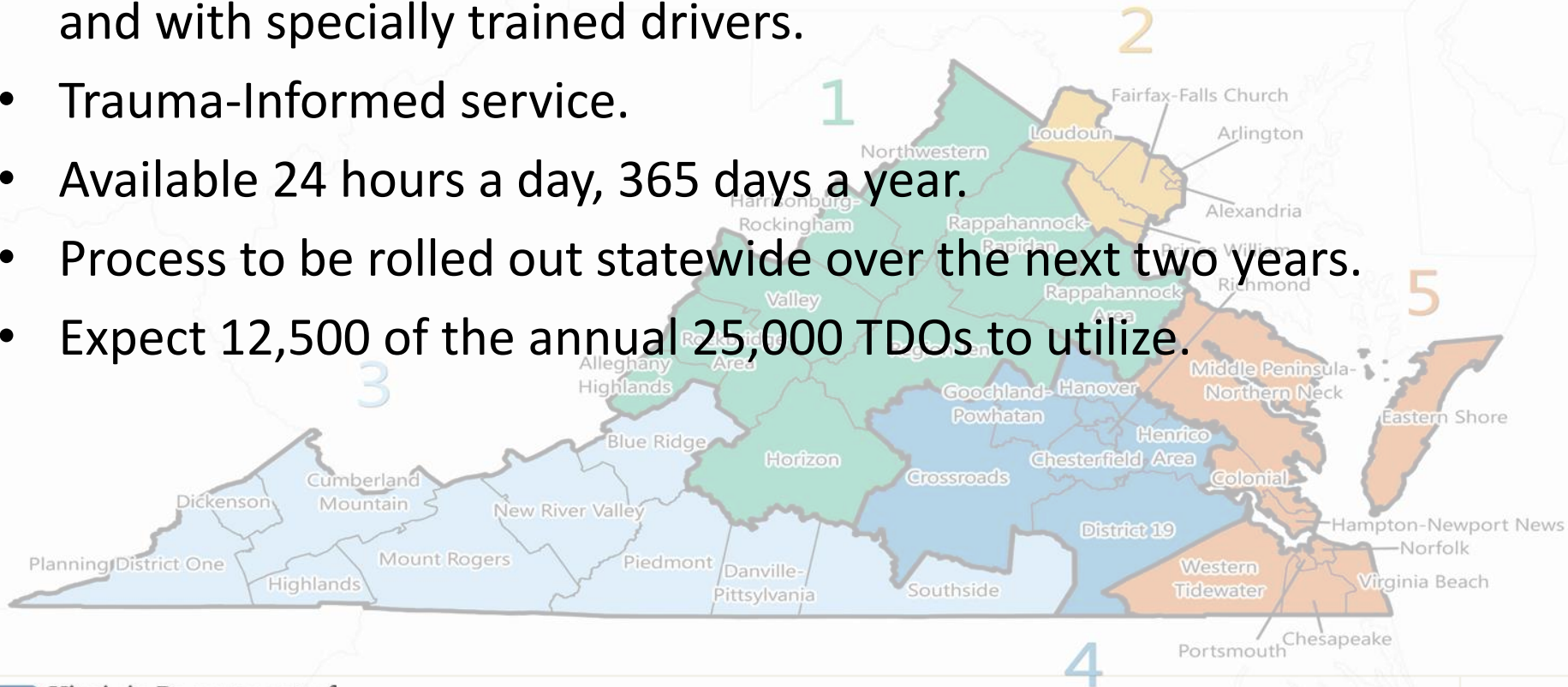
More comprehensive rates for services that are challenging to sustain (e.g. Multi-System Therapy, Family Focused Therapy, PACT, High Fidelity Wraparound, ICT).

New licensing regulations (upon approval of the 2020 GA) to support realignment and ensure licensing supports evidence-based, trauma-informed, prevention-focused and cost-effective services across the lifespan.



Alternative Transportation

- DBHDS secured a contractor for alternative transportation of people under a temporary detention order and appropriate for such transportation.
- Unarmed drivers wearing plain clothes in secure, unmarked vehicles and with specially trained drivers.
- Trauma-Informed service.
- Available 24 hours a day, 365 days a year.
- Process to be rolled out statewide over the next two years.
- Expect 12,500 of the annual 25,000 TDOs to utilize.



Health Equity Index with VCU Society & Health

- VCU will create a “behavioral health index” to improve method for allocating fiscal resources.
- The index will factor in the prevalence “stress related conditions” and various social determinants of health.
- The goal is to spread our resources more equitably, moving beyond population based allocations.

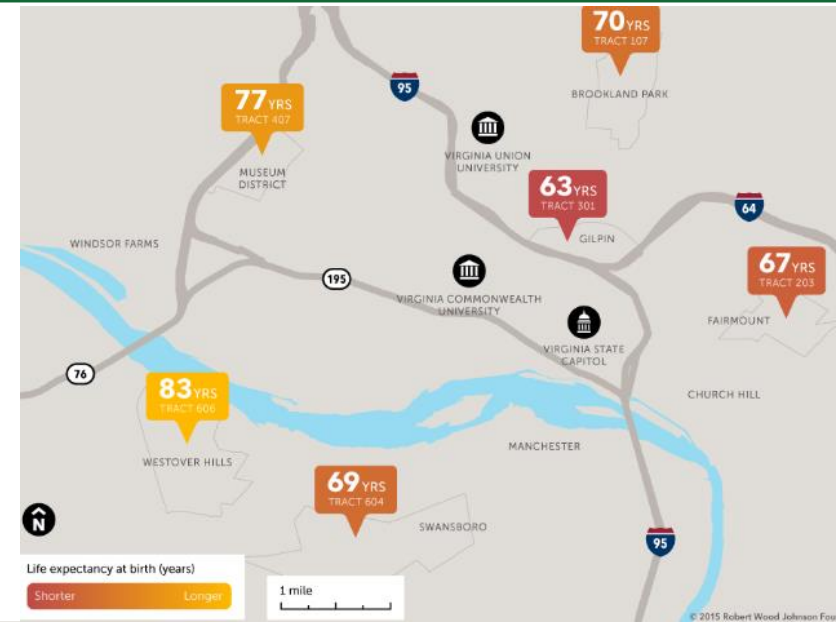
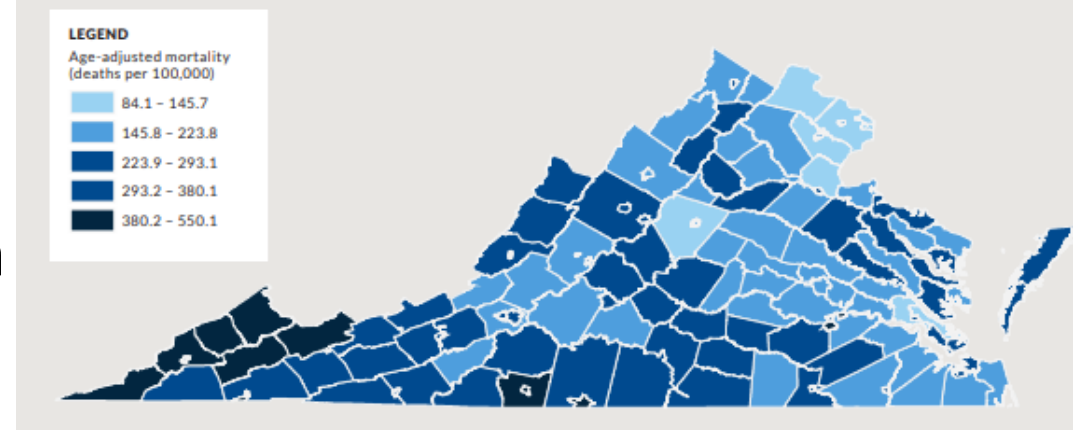



Figure 2. Age-adjusted all-cause mortality, non-Hispanic whites ages 25-54 years, by locality, Virginia, 2010-2014



Behavioral Health Interpretation Curriculum

 <p>Service Provision using Culturally and Linguistically Appropriate Services (CLAS) Standards and Trauma-Informed Care</p>	DISCHARGE <ul style="list-style-type: none"> - Patient/Family Education - Medication Instruction - Billing, Insurance, etc. - Next Steps 	QPBHI & PROVIDERS TRAINED AS QBS/QPBHI Special Training for: <ul style="list-style-type: none"> - Group Interpreting - Medication
	REFERRAL AND REVIEW <ul style="list-style-type: none"> - Case Evaluation - Treatment Planning Review - Medication Review - Support Services (Housing, Employment, etc.) - Allied Services (Court, School, Social Services, etc.) - Next Steps (Group Home, etc.) 	QPBHI & PROVIDERS TRAINED AS QBS/QPBHI Special Training in: <ul style="list-style-type: none"> - Medication - Court Interp. System - School Interp. System - Social Service System Caution for: <ul style="list-style-type: none"> - Secondary Trauma - Re-traumatization
	TREATMENT <ul style="list-style-type: none"> - Counseling Therapy <ul style="list-style-type: none"> o Individual or Group - Medication - Outpatient - Day Treatment - Hospitalization (Voluntary or Involuntary Confinement) 	QPBHI & PROVIDERS TRAINED AS QBS/QPBHI Special Training in: <ul style="list-style-type: none"> - Group Interpreting - Special Populations Caution for: <ul style="list-style-type: none"> - Secondary Trauma - Re-traumatization <i>*Requires interpreting experience and BH exposure</i>
	INTAKE INTERVIEW <ul style="list-style-type: none"> - Medical History - Family History - Psychological/Psychiatric Evaluation - Medication - Crisis Management 	QPBHI & PROVIDERS TRAINED AS QBS/QPBHI Special Training in: <ul style="list-style-type: none"> - Psy. Testing - Psy. Interview - Medication - Crisis Management
	FRONT DESK/REGISTRATION/ADMISSION <ul style="list-style-type: none"> - Fill-out Information Forms, HIPAA, Medical History, Insurance, Language Access Needs, etc. - Payment or payment options - Instruction for next step, next appointment, arrangement for interpreter, etc. - Explanation of Benefits, Clarifications, etc. 	QBS* & QPBHI** <i>* QBS- Qualified Bilingual Staff</i> <i>**QPBHI – Qualified Professional Behavioral Health Interpreter</i>

- Developed a curriculum to enhance skills to interpret in a behavioral health setting.
- Critical because communication is the primary means of diagnoses and treatment in behavioral health.
- Differs from standard medical interpretation
- Currently being edited.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

DBHDS CLAS Standard Implementation

- CLAS Academy – Classroom/virtual training to understand standards at all levels
- Qualified Bilingual Staff Training Program – Agency supported qualification for BH and DD settings
- Participate/facilitate development of regional and organizational plans for cultural competency
- Train and disseminate the trauma-informed cross cultural psychoeducation curricula
- Qualified Cultural Navigators (QCN) Program
- Facilitate the development of organizational CLC plans and language access plans
- Two DBHDS policies: 1) On access to language and communications supports, 2) On staff training
- State Policy on Cultural and Linguistic Competency

Outcomes of Cultural & Linguistic Competence



Improving Workforce's Ability to be Trauma-Responsive

DBHDS is offering trainings to clinicians in the public and private sector at no cost.

Parent-Child Interaction Therapy (PCIT)

An evidence-based behavior parent training treatment for young children with emotional and behavioral disorders.

Emphasizes improving the quality of the parent-child relationship and changing parent-child interaction patterns.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

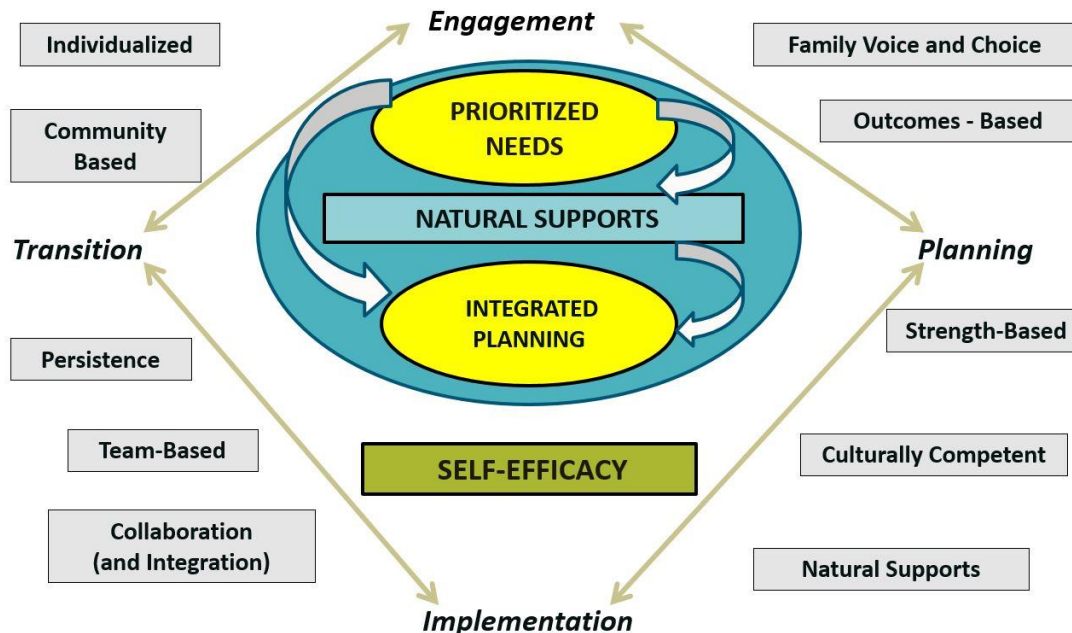
An evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers.

Assists the child/adolescent to develop coping strategies for traumatic stress reactions and reduces symptoms of depression, anxiety, or acting out behavior.

High Fidelity Wraparound (HFW)

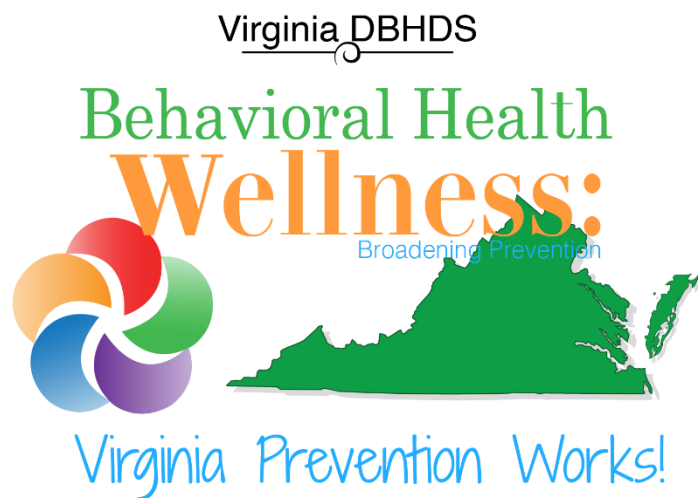
- DBHDS has a federal grant for High Fidelity Wraparound (HFW).
- It is an evidence-based practice that prevents out of home placement or transitioning back to the community.
- HFW uses a structured facilitation model that puts the family in charge of their care and planning to meet their own needs.

HFW Framework



Adverse Childhood Experiences (ACEs)

- Incorporating ACEs to promote safety and connection in order to empower self-healing communities.
- In 2017, DBHDS brought *ACE Interface* to Virginia to train ACE Master Trainers and grow awareness of the connection between childhood adversity and future health challenges.
- To date, Master Trainers have delivered over 150 presentations attended by over 3,000 community members.
- By the end of 2019, all 40 CSBs will have at least two Master Trainers.



Virginia's Veterans: Addressing Suicide and Access to Care

- Virginia 1 of 7 States to join the **Governor's Suicide Prevention Challenge** - Sponsored by Veterans Health Administration and SAMHSA
- STEP-VA enhancements for Military Service Members, Veterans and their families (SMVF) in CSBs.
- Consistent **identification** of SMVF at intake (and electronic health record documentation) – Staff ask *“Have you or a family member served in the military?”*
- **Military culture training** for CSB workforce.

